

# Preparedness Planning Review

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## DSHS Holds Hepatitis A Clinic for Patrons of Hereford, TX Restaurant

The Texas Department of State Health Services (DSHS), Health Service Region 1 (HSR1) provided a Hepatitis A Immune globulin clinic on October 6-7, 2004 for patrons of a restaurant located in Hereford, Deaf Smith County, Texas.

DSHS advised anyone who ate food at or from McDonald's, 1112 W. 1st St. in Hereford after 4 p.m. on either Sept. 20, 22, or 23, that they may have been exposed to Hepatitis A and should consider getting an immune globulin shot to prevent the viral illness.

At the time of the incident DSHS determined that there was no longer an in-

creased risk of contracting Hepatitis A at the restaurant. It was also stressed that no other McDonald's locations were implicated.

Several cases of Hepatitis A had been confirmed in the county and one of those cases was a McDonald's employee.

HSR1 opened a dispensing site in Hereford and with the assistance of local community members and regional partners (local health department) provided 1,616 doses of immune globulin to the community. Also, 270 children received Hepatitis A vaccine. The following locations also provided immune globulin to people

who had been exposed:

- Pampa Clinic—44 doses
- Lubbock Health Department—4 doses

Immune globulin can provide temporary immunity to Hepatitis A and is most effective if given within two weeks of exposure.

Hepatitis A symptoms, which normally last a week or two, include fever, fatigue, loss of appetite, nausea, vomiting and abdominal discomfort. Jaundice, a yellowing of the skin and eyes, may occur a few days after symptoms appear. Young children with Hepa-

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### New Name New Look

Effective September 1, 2004 Texas Department of Health became Texas Department of State Health Services. Public Health Region 1 is now Health Service Region 1. Although our name has changed our mission to keep you informed has not. You will continue to get all the public health preparedness news in a slightly different looking format of the *Preparedness Planning Review* newsletter. Thank you.



## Regional DSHS Staff Busy with FY05 Work Plans

By Dr. Connie Lindley

This has been a very busy time since our Regional Exercise in July. Exercise after-action reports were reviewed, identifying areas needing to be addressed. Improving communication was identified as a major issue. Regional plans are being reviewed and updated to coordinate plans with other agencies, local health departments,

MMRS cities, County Plans, HRSA hospital plans, and Council of Governments goals.

Health Service Region 1 (HSR1) is again contracting with Panhandle Regional Planning Commission (PRPC) and South Plain Association of Governments (SPAG) to coordinate county planning with Regional planning, to assist with the identification of functional leads to

set up dispensing sites for medical prophylaxis in the counties, and to recruit volunteers to work at these prophylaxis-dispensing sites.

The utilization of a dispensing site was demonstrated in Hereford in which a designated dispensing site was used for Hepatitis A prophylaxis of the community. Due to the

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### Region 1 Administration

Dr. Nick Curry  
Regional Director

Barry Wilson  
Deputy Regional Director

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Director Public Health  
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## EPI News



# Regional Pertussis Cases Reported

The Department of State Health Service is currently investigating active pertussis in the Region. Pertussis should be considered when evaluating any patient with an acute cough illness characterized by one or more of the following symptoms: prolonged cough, cough with paroxysms, whoop, or post-tussive gagging/vomiting. Infants may present with apnea and/or cyanosis. An increased white blood cell count with lymphocytosis is a characteristic but nonspecific finding. Adults, teens, and vaccinated children often have mild symptoms that mimic bronchitis or asthma.

Laboratory tests should be used in conjunction with clinical symptoms for diagnosis and can be used to confirm but not rule out pertussis. The organism is more likely to be found early in the coughing phase. After 3-4 weeks in the disease process the

organism may have cleared the nasopharyngeal area.

If you clinically suspect pertussis:

1. Report immediately to your local health authority.
2. Submit specimens for laboratory confirmation. The laboratory test for pertussis is isolation of *Bordetella pertussis* by culture. **Polymerase chain reaction (PCR) testing** and is considered confirmatory when consistent with a clinical diagnosis.
3. Begin chemoprophylaxis contacts regardless of age or vaccination status.
4. Review immunization records of patient and all household for children less than 7 years of age. Children in this age group who have not completed the DtaP four dose primary series should complete the series with minimal intervals. Those who have completed the primary series should be given a booster dose if their last dose of DtaP was given more than 3 years ago.

Treatment of suspects and contacts may include either Zithromax for 5 days or erythromycin, or trimethoprim/sulfamethoxazole administered for 14 days. If these drugs are not tolerated, clarithromycin or azithromycin can be substituted. Symptomatic children and/or adults may return to school or work after completing the first 5 days of medication.

Pertussis immunity is not absolute and may not prevent infection. Older children and adults with mild illness can transmit the infection and are often the source of illness in infants. Therefore, early recognition and treatment of pertussis in contacts of young infants and prophylaxis of their household members is especially important.

Please call the Amarillo Bi-City-County Health District at 806-351-

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## Flu Information Tracked by Schools and Health Care Providers

*Note: The Region is required to report the number of influenza cases weekly to Austin who then forwards the information to CDC.*

The Texas Department of State Health Services (DSHS) Health Service Region 1 is requesting information from Health Care Providers and Schools in order to identify and track influenza in our Region. This allows better appropriation of influenza vaccine and effective distribution of influenza culture media for identification of influenza strains.

Schools and Health Care Providers report influenza cases using the following procedure:

1. Schools and hospitals enter "Influenza Like Illness" information into the Region's RSVP data base

(Rapid Syndromic Validation Project). This allows DSHS to monitor daily influenza activity and enables the facility to view current influenza information.

2. All Influenza laboratory results are faxed to the DSHS Regional Office in Lubbock. Lab results are identified as either a rapid flu test and/or influenza culture report.

3. If the facility is seeing a dramatic increase in influenza like illness they call or email DSHS.

The flu is different from a cold. Influenza usually comes on suddenly and may include these symptoms:

- Fever
- Headache
- Tiredness (can be extreme)
- Dry cough
- Sore throat
- Nasal congestion
- Body aches



Influenza-like illness, or ILI, is defined as fever >100°F AND cough and/or sore throat (in the absence of a known cause other than influenza).

**Case Definition**—Influenza, also known as the flu, is a contagious disease that is caused by the influenza virus. It attacks the respiratory tract in humans (nose, throat, and lungs).

Sharon Woods can be contacted at 806-767-0319 or email: sharon.woods@dshs.state.tx.us.

## What is Flu?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is to get a flu vaccine each fall.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- [more than 200,000 people are hospitalized](#) from flu complications; and
- approximately 36,000 people die from flu.

Some people are at high risk for serious flu complications, such as older people, young children, and people with certain health conditions, including pregnancy.

## How Flu Spreads

The flu spreads in respiratory droplets caused by coughing and sneezing. It usually spreads from person to person, though occasionally a person may become infected by touching something with virus on it and then touching their mouth or nose.

Adults may be able to infect others beginning 1 day **before** getting symptoms and up to 7 days **after** getting sick. **That means that you can give someone the flu before you know you're sick as well as while you are sick.**

## Good Health Habits

- **Avoid close contact.**  
Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick.**  
If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- **Cover your mouth and nose.**  
Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- **Clean your hands.**  
Washing your hands often will help protect you from germs.
- **Avoid touching your eyes, nose or mouth.**  
Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

## Strategic National Stockpile—What's New

The Department of State Health Services (DSHS), Health Service Region 1 (HSR1) is currently preparing for a state evaluation of the Strategic National Stockpile (SNS) plan by Center for Disease Control and Prevention (CDC) in Austin, Texas on November 8, 2004.

The goal of DSHS is to receive a "green" rating. A "green" rating is defined as *all SNS components and systems in place and fully ready to perform*. A major plus in obtaining the "green" rating is that DSHS will qualify to use the Training, Education and Demonstration Package (TED), provided by CDC, in the statewide functional exercise planned for summer of 2005. In order to meet this goal HSR1 is working closely with South Plains Association of Governments, Panhandle Regional Planning Commission, local health departments, and South Plains Public Health District.

Volunteer recruitment is a major priority for FY05. To successfully manage our far-reaching region we need many volunteers to staff our dispensing sites in the event of a disease outbreak or terrorist attack. Our guidance from CDC is to plan to provide medications to the entire effected population within 48 hours, which increases our need for volunteers.

Volunteer recruitment tools are currently under development. The recruitment tools include: CDs, videos, brochures, and recruiting posters to aid in this tremendous effort. In addition to general recruitment, we will have specific tools for recruiting nurses and pharmacists.

Training development has been progressing with various products to help train all the volunteers. Products being developed include: Dis-

persing overview training, training presentation for pharmacists, Receiving, Staging and Storing (RSS) orientation and Just-in-Time training CDs for Mass dispensing/vaccination and clinic job descriptions/job aides. Most of this training will be available through the use of CDs and web based computer training. This will allow volunteers to train at their convenience at home.

All interested volunteers are encouraged to register at web site: <http://www.tdh.state.tx.us/cphpr/protect/>.

Due to an out break of Hepatitis A in HSR1, the region and local health departments had an opportunity to exercise the dispensing portion of the SNS Plan. A request was made for state resources.

Due to that request a dispensing site was opened and approximately 1,600 exposed community members were processed through the clinic.

The success of this dispensing operation was due to a combined effort between HSR1, the local community and regional partners.

We at DSHS would like to extend appreciation to the local community, City of Amarillo, Friona Regional Health Clinic, Hereford Regional Medical Center, and Hereford ISD for the support they gave to this effort.

For more information concerning SNS you may contact Jean Becerril at 806-767-0456 or email: [jean.becerril@dshs.state.tx.us](mailto:jean.becerril@dshs.state.tx.us) or Claudia McQueen at 806-767-0408 or email: [claudia.mcqueen@dshs.state.tx.us](mailto:claudia.mcqueen@dshs.state.tx.us).

**All interested volunteers are encouraged to register at web site: <http://www.tdh.state.tx.us/cphpr/protect/>.**

## Health Service Region 1

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1109 Kemper  
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### **Public Health Preparedness/ Epidemiology Response Team Staff**

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Patricia Lara—Administrative Assistant  
806-767-0430  
Sharon Woods—Epidemiologist  
806-767-0319

**Check Out our Web Site!**  
**[www.r01.tdh.state.tx.us](http://www.r01.tdh.state.tx.us)**

Do have a question/comment?

If you do please contact Sandra  
Perez at email-sandra.  
perez@dshs.state.tx.us or fax  
number 806-741-1366.

*(Continued from page 1) Hereford  
Clinic*

Hepatitis A often have no symptoms. Anyone with symptoms of Hepatitis A infection should contact a physician.

The illness is usually spread person-to-person through a fecal-oral transmission route. It may occur when a person eats food or drinks a beverage contaminated by someone

with the virus. The incubation period, or time between exposure and the development of symptoms, is about 30 days but can be as short as 15 days and as long as 50 days.

Health officials say thorough hand washing after visits to the restroom, before touching food or drink and after changing a diaper is the best way to control the spread of Hepatitis

A.

HSR1 would like to extend their appreciation to Hereford Independent School District Administration, Hereford community members, local health departments for their assistance and support during this outbreak.

*(Continued from page 2) Pertusis Alert*

7220, the Lubbock City Health Department at 806-775-2935, or the Department of State Health Services in Lubbock at 806-767-0319 with questions or to report a known or suspected pertussis case.

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large number of individuals requiring prophylaxis a request from the Region provided additional nurses and a physician from the local hospital and Amarillo Health Department. This event is an excellent real time example of how a unified Regional effort can prevent the spread of an infectious disease.

During the months of September and October, CDC Public Health Preparedness Grant work plans are being developed and reviewed by local health departments, DSHS Region Health Service Areas, and DSHS in Austin. This is a very involved and coordinated effort for all parties. The PHP grants this year focus on the continual improvement of disease surveillance, improvement of epidemiological investigations protocols and disease reporting, further development of community response for the Strategic National Stockpile, and stressing the exercising of each aspect of our PHP and county response plans. Exercising plans allows the

assessment of activities and the further development and integration with other plans to provide a cohesive and efficient outcome. Exercising plans with others increases understanding, comradely, and unification of plans and activities. This was demonstrated by the Pampa Regional Tabletop Exercise in which there were local, state, and federal players working together to provide services to accomplish a successful recovery from a chemical event.

The DSHS HSR1 will be involved with many exercises this year with local health departments, EMS, hospitals, and others to further develop plans and strategies for an efficient and effective response. The Region and PRPC/SPAG will be concentrating on the recruitment of volunteers to work in community prophylaxis dispensing sites within our rural counties for real time events as well as BT/WMD events. The recruitment of volunteers includes not only medical responders but those who can assist with

counseling; with explaining questionnaires; assisting in security and crowd flow through dispensing sites; bilingual interpreters; communication such as answering phones and radios; inventory and equipment supply; and other jobs required at a mass dispensing site. Volunteers will be recruited and trained, and then will participate in dispensing exercises to increase understanding and knowledge of job roles for an efficient prophylaxis-dispensing event.

The DSHS HSR1 truly appreciates the efforts made by County Judges, EMS, local health departments, MMRS cities and hospitals and others to work with their PRPC/SPAG representative and DSHS to develop plans and integrate these plans with Regional plans. This collaborative effort is the foundation of a unified regional response benefiting communities, families, and individuals to effectively respond to infectious diseases, local disasters, and BT/WMD events.